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CALIFORNIA EMERGENCY
MANAGEMENT AGENCY

OFFICE FOR ACCESS AND FUNCTIONAL NEEDS

Guidance on Planning and Responding to the Needs of People with Access and Functional Needs

June 2009

Arnold Schwarzenegger
Governor

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Acting Secretary
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CALIFORNIA EMERGENCY MANAGEMENT AGENCY OFFICE OF THE SECRETARY

June 30, 2009

Dear Community Partner:

In January 2008 the Governor's Office of Emergency Services (OES) established an Office for Access and Functional Needs (OAFN). With the merger of OES and Homeland Security to become the California Emergency Management Agency (Cal EMA), the commitment to addressing the needs of people with access and functional needs remains a top priority. The purpose of the OAFN is to identify needs of people with disabilities and older adults before, during and after a disaster, and integrate disability elements and resources into all aspects of emergency management systems.

The lessons documented from the many years of assisting individuals with diverse disabilities and functional needs in disasters show three areas that are repeatedly identified as most important. They are 1) Communication (Alert, Warning, Notification), 2) Evacuation (Transportation), and 3) Sheltering. Mr. Richard Devylder was appointed by Governor Schwarzenegger to serve as Special Advisor to the Secretary, to coordinate at the State level, planning and responding to the needs of people with access and functional needs through OAFN.

In an effort to integrate the needs of people with disabilities and older adults into emergency management systems, the OAFN published Guidance on Planning & Responding to the Needs of People with Access and Functional Needs last year and has revised the information. The guidance was created to assist emergency managers and planners, and disability and older adult service systems, for planning and responding, during disasters and recovery. In addition to the publication, OAFN created a DVD, which is enclosed, to assist with evacuation/transportation planning. You can also access the publication and DVD at the Cal-EMA website www.calema.ca.gov, and click on the Office for Access and Functional Needs link.

For further information or assistance, please feel free to contact Mr. Devylder at (916) 845-8288 or richard.devylder@calema.ca.gov. He is available to answer questions and provide technical assistance.

Sincerely,

A handwritten signature in black ink, reading "Matthew R. Bettenhausen". The signature is fluid and cursive, with the first name "Matthew" and last name "Bettenhausen" clearly legible.

MATTHEW R. BETTENHAUSEN
Secretary

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Guidance on Planning and Responding to the Needs of People with Access and Functional Needs

Introduction

According to the U.S. Census of 2000 there are almost six million people in California who identify as having a disability. By 2010 the number of individuals with disabilities may exceed eighteen percent of the population. More people with disabilities and activity limitations live in the community independently, with partners and children. Lessons documented in recent disasters concerning the integration of people with disabilities into community living and the growing aging population have shown that the existing paradigm of emergency planning and implementation must change.

The lessons documented from the years of assisting individuals with diverse disabilities and older adults (hereinafter referred to as access and functional needs) in disasters show three areas that are repeatedly identified as most important. They are 1) communication (alert, warning, notification), 2) evacuation (transportation) and 3) sheltering. The diversity of disability groups and its leadership, and established emergency management systems, brings natural confusion for both as to who are the leaders to engage and how to make meaningful change in planning, systems and operations. To learn more about lessons learned review:

www.ncd.gov/newsroom/publications/2005/saving_lives.htm#preparedness

The Governor's Office of Emergency Services (hereinafter the California Emergency Management Agency) established the Office for Access and Functional Needs (OAFN) which identifies needs of people with disabilities before, during and after a disaster, and integrates disability elements and resources into all aspects of emergency management systems. The OAFN offers guidance to emergency managers and planners, and disability and older adult service systems, for planning and responding, during disasters and recovery.

Identification of People with Access and Functional Needs

Functional Needs Population (formerly Special Needs Population) - Populations whose members may have additional needs before, during and after an incident in functional areas, including but not limited to:

- maintaining independence,
- communication,
- transportation,
- supervision, and/or
- medical care.

Individuals in need of additional response assistance may include:

- those who live in institutionalized settings,
- older adults,
- children,
- those from diverse cultures,
- those who have limited English proficiency or are non-English speaking, or
- those who are transportation disadvantaged.

(National Response Framework Glossary

<http://www.fema.gov/emergency/nrf/glossary.htm>)

Registries

The use of voluntary registries has been a topic of discussion with state and local emergency planners and within the disability community. Some jurisdictions have developed pilot registries in which most people with access and functional needs chose not to participate. Offering registries connotes implications that jurisdictions should consider.

1. May be perceived as a promise or guarantee by local government that the registrants will be provided with evacuation services. Jurisdictions should carefully consider the implications of such perceived promises, as disclaimers do not tend to change perception.

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2. There may be a tendency by a jurisdiction to view those on the registry as the only ones who need assistance.
3. Focus on the registrants first rather than looking at the population more broadly.
4. If designed based on individual residential information only, planning will have a major gap as disasters can occur any time of the day.
5. There are Health Insurance Portability and Accountability Act (HIPAA) considerations that must be factored into the development and deployment of registries.
6. Maintenance of information on the registry (location of individual and medical information).
7. Potential legal liabilities.
8. Unrealistic expectations on first-responders capability in a disaster.

It is important not to focus on the ~~%who+~~in planning but to look at the population in broader terms. If communication, evacuation, sheltering and recovery plans have integrated the needs of people with access and functional needs, response and recovery will be more effective.

Access and functional needs and at-risk populations can reach nearly to infinity (e.g. disabilities, languages, age). Many of these ~~%classifications+~~can compound the sense of vulnerability for the potential transit client in an emergency. For example, people with access and functional needs may not want to draw attention to the fact that they live alone, making them even more vulnerable for predators.

Local jurisdictions are encouraged to leverage existing disability and older adults service systems, such as In-Home Supportive Services, Meals-on-Wheels and Paratransit, as opposed to creating new registries. Information can be gleaned from a variety of sources to

provide the comprehensive information necessary to inform emergency planning and response.

Integration of Disability/Older Adults Services

Integrating disability and older adults service organizations and local government service programs into planning efforts will improve preparedness and better identify populations that will need assistance. It is essential that disability and older adult service providers are partners in all disaster planning efforts. The following should be considered in planning:

1. Who is at the planning table with emergency managers/planners?
 - People with access and functional needs.
 - Disability & older adults service organizations.
 - County and local government service programs.
2. Have roles and responsibilities been identified?
3. Is there access and functional needs representation in the Emergency Operations Center?
4. Do drills/exercises incorporate access and functional needs issues, service providers and include people with access and functional needs as victims and responders?

It is important to have individuals with demonstrated expertise in disability and older adult service systems in the EOC narrowly focused on access and functional needs issues. The person should perform the following duties:

- Advise the entire EOC rather than being relegated to a particular section, group or unit.
- Serve as the chief liaison to government programs, community-based organizations and advocacy groups serving populations with access and functional needs.
- Coordination with the Joint Information Center to ensure that information is flowing in a manner that is fully accessible.

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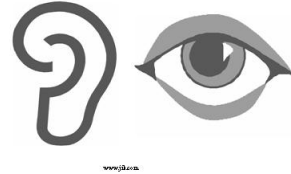
Following are a few websites that provide contact information for disability and older adults service organizations that can be of assistance in planning, during a disaster and in recovery:

- Independent Living Centers
www.cfilc.org
- Regional Centers (Developmental Disabilities)
www.arcanet.org
- Deaf/Hard of Hearing
<http://cad1906.org>
- Blind/Low Vision
www.ccbnet.org or www.nfb.org
- Mental Health Needs
<http://www.mhac.org>
- Multiple Sclerosis Society
<http://www.nationalmssociety.org>
- County In Home Supportive Services (IHSS)/Public Authority
www.capaihss.org
- Alzheimer's Association
www.alz.org
- Area Agencies on Aging
www.c4a.info

Communication

There are many factors that must be considered to ensure effective communication during disasters and recovery. Following are areas to consider communication access:

Communication Access



1. Early Warning Notification Systems
2. Emergency Alert Systems
3. Evacuations
4. Press Conferences
5. Websites
6. Press Releases

In determining the most appropriate system or procedures for your jurisdiction, it is essential that you involve individuals with diverse disability and older adult expertise and advocacy backgrounds in the planning for emergency communication. Individuals who are deaf/hard of hearing/deaf-blind and blind/low vision must be part of the decision-making process. Without the involvement of these groups of people, efforts to enhance communication for people with access and functional needs will be far from successful. To ensure redundancy in communication, partner with community-based organizations and local partners to provide emergency and evacuation information to their clientele.

Early Warning Notification Systems

Early Warning Notification Systems must be accessible and capable of reaching the diverse population of people with disabilities. In determining the type of systems to obtain and policies to adopt, consider the following.

For Land-Line Numbers:

- Does the system have the ability to directly connect with teletypewriters (TTYs)?
- Is a TTY user required to register their land-line telephone number to receive warning messages? (If so, this is not functionally equivalent and is not an acceptable practice.)

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- Are all individuals, or only those who are deaf/hard of hearing/deaf-blind, required to apply/register their information?
- What is the process to register and how is it advertised?
- How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing and deaf-blind?

For Wireless Numbers/Systems:

- Does the system have the ability to send text messages to wireless devices?
- What are the system's limitations of sending text messages?
- Does the system have the capability of sending e-mail messages to data devices?
- Does the system have the capability of sending video messages (using American Sign Language) to video-enabled wireless devices and/or e-mail?
- How often is the system tested and does it include participation and feedback of individuals who are deaf/hard of hearing or blind/low vision?

Following are Business Requirements that were included in the City of Los Angeles request for proposal for a mass notification system. These requirements are beneficial to ensuring that communication is accessible. The requirements (not specified in order of priority) include, but are not limited to, a solution that should be adopted for any future systems or upgrades.

- Is established and specifically designed to facilitate public mass notification distribution.
- Offers tiered administration and security levels to optimize, manage and control system use.
- Allows the public to register phone (cell phones, but also additional landline numbers, if desired) numbers, SMS addresses, e-mail and facsimile addresses via a website.
- Is capable of accepting via secured web services, batch upload(s) of multiple call lists and unique message(s) to be delivered per call list.
- Allows the public to designate, per phone number, special functionality (TTY/TDD, fax, etc.) if desired, select order and/or

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method of notification preference, and the ability to select categories (as defined by the city) of events and occurrences to be notified.

- Is capable of disseminating messages via phone (landline and cellular), SMS messaging, e-mail and facsimile.
- Provides a system that complies with the Americans with Disabilities Act (ADA) in all respects, and in particular, a system which has services for individuals who are deaf or have a speech disability that is functionally equivalent to the services to be received by individuals who are not deaf or have a speech disability.
- Is capable of disseminating messages in the seven (7) preferred ballot languages (English, Spanish, Chinese (Mandarin and Cantonese dialects), Japanese, Korean, Tagalog and Vietnamese).
- Contains accurate, up-to-date jurisdiction-wide constituent phone and e-mail data.
- Is capable of accepting and utilizing jurisdiction provided geographical map files in native ESRI file format.
- Offers the GIS functionality of user drawn/hand drawn+ geographic selection of specific areas to generate call lists from and transmit notification messages to.
- Is capable of generating call lists via polygon generated geographical map selection.
- Is capable of geo-coding AT&T and Verizon (provider may be different) E911 phone data to jurisdiction-wide geographical maps.
- Is capable of refreshing AT&T and Verizon (provider may be different) E911 phone data for production use on a monthly basis.
- Is designed and managed with sufficient security, backup and redundancy.
- Is available no less than 99.5% of the time. The remaining .5% allowed for planned system maintenance.
- Can, at a minimum, deliver a 30-second message (not including call overhead time . queuing, dialing, call release, etc.) to 100,000 citizen phone numbers within 60 minutes.
- Is capable of providing on-line reports documenting notification results as well as other reports, such as monthly usage.

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- Is capable of the creation and storage of numerous pre-canned scenarios (100+).
- Is capable of sending multiple notifications simultaneously.
- Allows for an unlimited number of groups and subgroups to be created.
- Is able to deliver live voice messages or text-to-speech.
- Is capable of access and able to launch/utilize system from any computer with an Internet connection or phone to record or schedule calls.

Emergency Alert Systems

Review the Emergency Alert System (EAS) with broadcasters in your jurisdiction to ensure accessibility for people who are deaf/hard of hearing, deaf-blind, blind/low vision or who have cognitive disabilities for all emergency messages.

- If messages are only provided orally:
 - Is captioning provided on the screen?
 - Is sign language interpretation provided on the screen? (Is the interpreter visible during the entire message or do you break away to video images and field reporters?)
- Are messages which are scrolled at the bottom of the screen audio described for people who are blind/low vision?
- Is information provided easy to understand (3rd grade reading level) to enhance communication with individuals who have cognitive disabilities?
- How often is the system tested and does it include participation and feedback from individuals who are deaf/hard of hearing, deaf-blind, blind/low vision or who have cognitive disabilities?

Evacuations

There is a significant amount of new technology being demonstrated and utilized, but it may not always provide effective communication to people with sensory disabilities. Therefore, the burden remains on first responders, volunteers and disability and older adults service systems to communicate with individuals during evacuations.

Consider the following regarding methods of communication:

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- Has input been provided from the deaf/hard of hearing, deaf-blind, blind/low vision, cognitive disabilities and older adult communities into evacuation communication plans?
- Announcements via public address systems from vehicles and helicopters will not be heard by a large population who are deaf/hard of hearing or deaf-blind. The following should be clearly addressed:
 - Plans for door-to-door communication and factors that determine when the method should be activated.
 - Types of individual communication tools available to responders.
 - Pre-printed materials available to assist responders with communication.
- Do you have a siren system in place? What outreach has been done in the community to identify those that may not hear the siren and alternate methods for communication?
- Is evacuation planning integrated and coordinated with volunteer programs, disability and older adult service systems and other communication plans?

Press Conferences

Information delivered at press conferences by public officials during a disaster is critical. Specific steps in planning press conferences need to occur to ensure accessible and effective communication.

- Utilize a sign language interpreter at all press conferences held by public officials and/or if the intent is to deliver vital information. (Creating an MOU for emergency sign language interpreting services is advised.)
- Inform the media as to the purpose of the interpreter to ensure television broadcasters include the sign language interpreter on the screen at all times.
- Does the broadcast station switch to close-up shots of public officials, field reporters or B-roll footage? (Utilizing the %bubble+ may be an option.)
- Real-Time Captioning is provided.
 - Do broadcasters have an MOU in place for the immediate provision of captioning (open/closed) during emergencies?

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- How much time is needed for the captioner to provide services?
- Any visual information, such as telephone numbers, e-mail addresses, street closures, school closures, shelter locations, etc., that are shown on the screen must also be spoken verbally to viewers to ensure effective communication with people who are blind or low vision.

Websites/Documents/Software Programs

Communication via electronic methods has proven to be valuable during disasters and recovery. Moreover, technology is extensively used for emergency preparedness planning. It is critical that websites are accessible and the information for additional communication includes multiple options.

Federal websites, documents and software programs must comply with accessibility requirements under Section 508 of the Rehabilitation Act of 1973, which can be found at <http://www.access-board.gov/508.htm>. Additionally, in September 2002, Senate Bill 105 was enacted to amend Section 11135 of California Government Code requiring state governmental entities, in developing, procuring, maintaining, or using electronic or information technology, either indirectly or through the use of state funds by other entities, shall comply with the accessibility requirements of Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations.+ To assist with ensuring compliance, the State has developed recommendations for website accessibility, which can be found at <http://www.webtools.ca.gov/accessibility/>.

General considerations that should be given when posting information on a website:

- If documents are posted in PDF, do they meet access requirements and are there alternate methods such as Hyper Text Markup Language (HTML), Rich Text Format (RTF) and Word to receive the information? Often tables are used and it is critical that they are designed with appropriate coding to ensure that screen reader software can read the text properly.

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- If maps of disaster zones are posted, provide text description, which should include the information that is provided when clicking in a specific zone. Consider breaking the map areas by zones to make it easier to locate specific areas.
- Ensure that pictures have text description (alt-attribute and/or long description) of the image. Be specific in the description of images and do not say "picture of" or "image of" (fire, flood) or "image of" (fire, flood) to describe picture or image.
- Identify people with access and functional needs who can test the accessibility of the methods proposed for communicating information.
- Does the website have the capability of streaming video in American Sign Language?
- If news is being broadcast via the internet site (ex. Real Player) is the spoken information also being captioned or is a text script available?

Cal-EMA OAFN in collaboration with NorCal Services for the Deaf and Hard of Hearing, the American Red Cross and the California Specialized Training Institute (CSTI) has trained and credentialed certified sign language interpreters and established a Disaster Response Interpreter (DRI)



program. The purpose of the program is to ensure the rapid deployment of sign language interpreters to press conferences and shelters, when requested, during the time of a declared emergency. The program is statewide and utilizes local community-based organizations that currently provide on-call sign language interpreting services on 24/7 basis for medical, mental health and law enforcement emergencies. Organizations agreeing to participate in the program have a current Memorandum of Understanding (MOU) with Cal-EMA OAFN. By agreeing to participate in the program, these organizations assume responsibility to locate, recruit and dispatch Cal-EMA credentialed sign language interpreters as quickly and efficiently as possible during a declared emergency.

Requests for assistance from DRIs should occur through the SEMS/NIMS process and partner agencies will be mission tasked

through OAFN. It is recommended that local governments establish agreements with organizations in their community to ensure that qualified sign language interpreters can be rapidly deployed to press conferences and shelters.

Press Releases

The information conveyed in a press release to people with disabilities is very important. In developing the message consider the following:

- Terminology/Language - When any part of the message is intended for the disability and older adult community state that specifically. Appropriate terminology is %people+first language such as; %to you are a person with a disability or older adults, please ã ã ã ..(stay inside, leave your air conditioner/heater on, etc.).+
- Messages - Keep message easy to understand (3rd grade reading level) to enhance communication with individuals who have limited reading ability or cognitive disabilities.
- Contact Information - Ensure that there are multiple methods offered for effective communication with people with diverse disabilities. For instance, when a voice line is provided to call for information, there must be a teletypewriter (known as TTY) line available with someone responding to the calls. Also, consider utilizing a Q&A e-mail address or ability for live response online.

Operators - Those answering the telephone lines should also be trained to understand how the traditional relay service and video relay service work.

For further guidance on the use of language and communication, please visit <http://www.plainlanguage.gov/>.

Evacuation/Transportation

Del Mar Shelter



The need to move people with mobility challenges in a disaster can be complex. Complications can be caused by a variety of factors including locating people that need to be transported, the medical condition of the individual, vehicle accessibility, pet and service animal needs, forced transport and liability issues.

Evacuation planning and ensuring response is accessible for people with access and functional needs are inseparable. An evacuation plan that does not address functional needs is incomplete at best, but by the same token a plan for evacuating people with access and functional needs without a baseline community evacuation plan is untenable.

Following are issues to consider in your planning:

1. What plans currently exist and are multiple entities dependent on the same provider(s)? Are protocols in place to avoid confusion when accessing and deploying assets?
2. Do plans identify the transportation providers that will be responsible for and have the capacity to move individuals with access and functional needs from schools, neighborhoods, medical facilities, nursing facilities, etc?
3. Are disability and older adult transportation providers incorporated into evacuation plans (including the use of vehicles, drivers and dispatch)? Evacuation plans for people with access and functional needs must be integrated into local government emergency plans to ensure that evacuations are well coordinated.

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Conducting a thorough asset inventory is a vital step to preparedness. It is recommended that transit assets be typed based on passenger capacity (including wheelchair securement locations), fuel type, fuel range and vehicle turning radius. These assets should then be inventoried to include transit, paratransit, school bus transportation and non-traditional fleets (shuttles, taxis, TMO resources, etc.). Even more important than this asset inventory is current contact information for mobilizing fleets in case of disaster.

4. While licensed care facilities are required to have evacuation plans, they often anticipate using the same transportation resources. Have licensed facilities, including community living, assisted living and residential facilities, been identified/mapped in advance and plans for evacuation approved? Do plans identify protocol for criteria to evacuate, adequate number of medical personnel to assist, type of transportation vehicles needed, potential destinations and return of individuals? It is critical to look at all of these plans together to identify dangerous overlaps and unrealistic expectations. For more information on identifying licensed facilities please visit:
www.cdph.ca.gov/programs/Pages/LnCContact.aspx
www.dds.ca.gov/VendorInfo/Home.cfm
www.cclld.ca.gov
5. When disasters occur during non-operational hours, how quickly can disability and older adult transportation providers respond?
6. Do plans exist for evacuating people with access and functional needs from areas of the community not covered by public transit? Are neighboring disability and older adult transportation providers able and prepared to assist?
7. Are first responders provided a map by government service programs serving people with access and functional needs such as transportation providers, In-Home Supportive Services, Meals-on-Wheels, etc., at least quarterly that identifies areas of the community where high levels of trips occur?

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8. Do first responders know who the disability and older adult transportation providers are? First responders are encouraged to meet annually with disability and older adult communities and transit providers to orient them on specific equipment and issues that may arise during evacuations.
9. Are there plans to have wheelchair accessible vehicles and drivers pre-positioned and immediately available to first responders during evacuations?
10. Do drills/exercises incorporate first responders, accessible transportation providers and people with access and functional needs as victims?

Gap Analysis

OAFN, in collaboration with Communique and the counties of Tulare, Sacramento, Kern and Orange, piloted an evacuation/transportation project, the purpose of which was to conduct gap analyses, develop a framework for planning and develop/enhance plans. The checklist developed for the project is shown in Appendix A and is recommended when conducting a gap analysis of your community's readiness to conduct an emergency evacuation.

Coordination of Resources

It is important to have a group in the EOC that coordinates transportation issues through an evacuation movement group in keeping with the National Response Framework concept of ESF-1 Transportation. This group should include representation from law enforcement, transit, paratransit, advisor(s) on access and functional needs and others (e.g. fire, public works, health and human services, etc.), as appropriate, to be able to mobilize evacuation resources and make well-considered tactical decisions.

County and local governments may have a variety of resources within their jurisdiction to use in the movement of people with access and functional needs during a disaster. Transportation service systems specifically for people with access and functional needs must be integrated into all evacuation plans. School bus transportation

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providers will know the location of children with disabilities in the district and can be a resource. Disability and older adult transportation providers have an understanding of the location of individuals dependent on them for transport within the neighborhood setting.

Disability and older adult transportation service providers should become routine partners in emergency planning. Resources for accessible transportation that may be available in an area could include:

- ADA-mandated Paratransit Systems
- Dial-a-Ride
- Fixed-Route Buses
- Non-profit organizations
- Area Agencies on Aging
- Regional Center vendors
- Taxi systems
- Non-medical emergency services
- School district transportation systems
- Adult Day Health Care
- Airport shuttle buses
- Airport car rental shuttle buses
- Older adults center vendors
- Health care center vendors

To help meet evacuation demands during emergencies, it is important to have Memoranda Of Understanding or Mutual Aid Agreements (MOUs/MAAs) between transit and the Operational Area, and between transit and neighboring transit districts, that identify, at a minimum, when and how transit resources can be mobilized and terms for cost reimbursement. In addition to transit district resources, non-profit social agencies and standby contracts with private operators (e.g., taxi systems, charter bus operators). Draft MOU language is available on the Caltrans website at <http://www.dot.ca.gov/hq/MassTrans/Safety-Security.html>.

It is recommended that back-up drivers, with a Class B license, be identified and trained on passenger assistance techniques to enable full utilization of transit fleets, as well as 24/7 operations during emergency evacuation. Consider government workers outside of

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transportation providers and first-responders to serve as back-up drivers. It is beneficial to establish policies regarding on-call drivers, whether mandatory or a voluntary sign up list, to ensure that adequate numbers are available during emergencies. Driver training on use of specialized accessible vehicles and specific equipment that would be used for evacuations needs to occur regularly. Additionally, training on the handling of service animals and household pets is necessary.

Extreme Heat/Cold & Unhealthy Air

During extreme heat, cold and/or unhealthy air, people with access and functional needs may need transportation to cooling and warming centers. Typically, such conditions do not meet the criteria for a state/federal declaration but the consequences of an individual not getting to a center can cause significant health risks and may be catastrophic. It is recommended that local governments and disability and older adult transportation providers review their emergency policies and procedures to determine the following:

- What flexibility can be provided with reservation policies to allow a rider to schedule a trip(s)?
- Who has authority to make the determination that reservation policies should be altered and the percentage of trips to be available?
- How does a rider make the request and is criteria for flexibility advertised via multiple communication methods (i.e., rider handbook, website)?
- When fares are waived during emergency conditions for general public transportation, is the waiver granted for disability and older adult transportation services?

For further information on disability and older adult transportation providers, please visit <http://www.dot.ca.gov/> and <http://www.calact.org/>. To receive copies of the Cal-EMA OAFN Evacuation/Transportation DVD please email a request to oafn@calema.ca.gov.

Sheltering

People with access and functional needs have the right to access services in general population shelters just as any other individual. Emergency managers and shelter planners have the responsibility to plan accordingly to ensure that sheltering services and facilities are accessible. The decisions made in the planning process will determine whether integration or segregation will occur during response.



There is concern as to who is an appropriate placement into a general population shelter versus the need for medical support. People with access and functional needs live independently in the community, with some individuals needing support services. The support services they receive are to assist with access and functional needs and generally are not provided by medical professionals, but individuals from the community.

In order to adequately coordinate services for people with access and functional needs in general population shelters, a liaison between shelter management and the individuals should be identified and announced. It is imperative that plans integrate the resources necessary to allow for people with access and functional needs to maintain their independence and dignity during a time of disaster. The areas that plans need to address are:

- Facilities
- Assessments/Services
- Equipment/Resources

Facilities

Historically, shelter locations chosen have been old schools and religious establishments that do not meet requirements under the Americans with Disabilities Act Architecture Guidelines (ADAAG). In the last few years, many school facilities have been upgraded to meet ADAAG standards and government facilities, such as recreation centers, are often complaint. The decision to open a shelter at a location that violates the ADAAG brings with it significant challenges

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to appropriately and safely shelter people with access and functional needs. When identifying shelter locations consider the following:

- Does the area of the facility being utilized for sheltering comply with the ADA Checklist for Emergency Shelters?

<http://www.ada.gov/shleterck.htm>



- Can the location become useable by obtaining portable units that are accessible? Often restrooms and bathing units do not comply with ADAAG and portables can address the need.

<http://www.access-board.gov/ada-aba/final.htm#pgfld-1010419>

- When providing evacuation locations, ensure that those locations that are physically accessible are highlighted and clearly stated in press conferences, news broadcasts, press releases, etc.
- When providing evacuation locations, ensure that those locations that have communication access (i.e., sign language interpreters, captioning equipment, TTY access, Video Phone access, Braille/Large Print materials, readers, assistance, etc.) are highlighted and clearly stated in press conferences, news broadcasts, press releases, etc.

Destination Categories



In determining the best arrangement for sheltering people with access and functional needs, it must be done on an individual basis. No one's individual needs are exactly the same and, with some assistance, most can remain functional and in a general population shelter. It is important in the assessment process that dialogue occurs with the individual and preference of assistance be given priority, whenever possible.

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Although there are no formal guidelines established, the following are considerations to make when assessing the needs, determining an appropriate destination and planning for sheltering people with access and functional needs. The different levels of sheltering does not always indicate the need for separate locations.

General Population Sheltering

Description: Individuals who are able to meet their own needs, have a reliable caretaker(s), or with some assistance from volunteers, to assist with personal and/or medical care.

Examples:

- Mobility impairments/self-ambulating, with or without durable medical equipment.
- Wheelchair user.
- Blind/low vision, with or without service animal.
- Deaf/hard of hearing.
- Developmentally disabled.
- Medically stable requiring minimal monitoring (i.e., blood pressure monitoring).
- Oxygen dependent; has own supplies (if facility is capable of supporting).
- Feeding occurs through a tube.
- Chronic condition controlled by self-administered medications.
- Has own supply of medications/supplies.
- Bedridden but stable and able to swallow.
- Alzheimer's/Dementia, or other cognitive disorders, that are accompanied by a caretaker.
- Incontinent; requires regular catheterization or bowel care.

Medical Sheltering

Description: Individuals have no acute medical conditions, but require medical monitoring, treatment or personal care beyond what is available in general population sheltering.

Examples:

- Non-ambulatory, requiring personal assistance services (no caretaker or assistance available).

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- Chronic medical patients unable to self monitor/medicate.
- Requires complete assistance with tube feedings (no caretaker).
- Requires complete assistance with frequent sterile dressing changes for draining wounds (no caretaker or unable to do independently).
- Oxygen dependent requiring respiratory therapy.
- Incontinent; requires complete assistance with regular catheterization or bowel care (no caretaker or unable to do independently).
- Terminally ill (with Do Not Resuscitate Papers).

It is recommended that general population shelters include a Support Services Branch, especially when there is a large scale disaster. This branch will provide support to individuals who are medically stable and/or have access and functional needs in addition to those normally provided in a general population shelter. With additional support available, these individuals should be able to remain in the general population shelter. This support may include limited medical and mental health services, along with the provision of durable medical equipment, medications or consumable medical supplies to ensure management of current conditions. The services may be provided by on-site staff or secured through the SEMS process from another source.

Assessments/Services



The California Department of Social Services (CDSS) is the lead agency responsible for coordinating state resources for care and shelter activities. CDSS, in collaboration with OAFN, Western University of Health Sciences, the American Red Cross and the California Specialized Training Institute (CSTI) has developed a concept called Functional Assessment Service Teams (FAST). The following outlines the purpose of a FAST and concept of operations. It is encouraged that such a team(s) be established within your jurisdiction to appropriately shelter and respond to the needs of people with access and functional needs.

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The purpose of the FAST program is to provide staff to conduct a functional assessment of people with access and functional needs as they arrive at shelters. This assessment will evaluate the essential functional needs that can be supported within the general population shelter. FAST may be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters as needed or requested.

Those unable to be supported within the shelter will be relocated to a medical service section of the shelter or transported to a more appropriate medical facility.

FAST consists of corps of trained government employees and community-based organization (CBO) and non-governmental organizations (NGO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST members must have in-depth knowledge of the populations they serve, their needs, services and resources including housing, benefit programs and disaster aid programs. FAST will work side-by-side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST frees other emergency resources to focus on emergency incidents rather than on mitigating complications. In order to see recovery of costs for FAST personnel, it is recommended that Memoranda of Understanding or Mutual Aid Agreements (MOU/MAA) be established prior to disasters with CBO/NGO, or their participation be reflected in the Emergency Operation Plan (EOP).



Concept of Operation

Support for essential functional needs will be provided to individuals who have been assessed and determined to be safely accommodated within a shelter. Such accommodations include, but are not limited to, providing assistance in:

- Replacing essential prescribed medications.
- Obtaining essential durable medical equipment (DME) and essential consumable medical supplies (CMS).

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- Maintaining independence (personal assistance with activities of daily living, older adult non-acute medical and chronic conditions, etc.).
- Providing support to individuals with cognitive limitations.
- Providing interpreters and other communication support to assist individuals who require communication assistance (hearing and visual impairments, language/cultural, etc.).
- Providing assistance to individuals who have conditions that affect mobility.
- Providing assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).
- Providing assistance to individuals with temporary limitations (post surgery, accident injuries, pregnancy, etc.).
- Management and coordination of processes to address the requirements to maintain functional/medical support operations.

It is recommended FAST consist of members with experience in the following areas:

- Older adults (services/supports, including dietary needs)
- Chronic health conditions
- Developmental disabilities
- Other cognitive disabilities (i.e. Traumatic Brain Injury (TBI))
- Hearing loss
- Mental health disabilities
- Physical disabilities
- Substance abuse
- Vision loss

Equipment/Resources

It is recommended that private sector provider agreements be established and/or the following equipment/resources be obtained to ensure they are available at general population shelters. Equipment/resources include but are not limited to:

- Accessible cots

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(Recommended criteria: Height . 17 . 19+(without mattress), width . minimum 27+, weight capacity . 350+ pounds. Flexible head and feet positions. Rails, if any, must be positioned, or moveable, in such a way to allow for wheelchair access. No IV pole.)

- Toilet chairs
- Raised toilet seats
- Shower chairs
- Wheelchairs (multiple sizes)
- Wheelchair battery chargers
- Walkers
- Walking canes
- White canes for the blind (46+60+)
- Crutches
- TTY equipment
- Wireless communication devices
- Visual translators (picture, symbols & words)
- Magnifiers
- Hearing aids (batteries)
- Height adjustable tables

In partnership with Cal-EMA, CDSS and the California Specialized Training Institute, training for establishing and deploying FAST has been developed. Courses were delivered in the late spring of 2009 and additional opportunities are expected to be offered in 2010 and ongoing. Additional information about FAST can be found at the following website under %Q and A+:

<http://www.dss.cahwnet.gov/dis/default.htm>.

Requests for assistance from the State for FAST should occur through the SEMS/NIMS process and partner agencies will be mission tasked through CDSS and OAFN. It is recommended that

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local governments establish agreements with organizations in their community to ensure that qualified teams can be rapidly deployed to shelters.

For further information on general sheltering visit CDSS at www.dss.ca.gov, or for information regarding sheltering individuals with medical needs, visit the Emergency Medical Services Authority at www.emsa.ca.gov.

Transportation

People with access and functional needs will need transportation services while in shelters and for re-entry into the community. There is a need for wheelchair accessible vehicles and drivers to be available at shelters.

Planning should be conducted before disaster strikes about how transit will support ongoing transportation needs of shelter residents, and how they will be reimbursed for this service.

Planning should be conducted before disaster strikes for how transit will be utilized to facilitate re-entry, and how they will be reimbursed for this service.

Recovery



Navigating the recovery process and accessing services is a challenge for anyone impacted by a disaster. Organizations providing direct services to people with access and functional needs must be integrated into all Local Assistance Centers and Disaster Recovery Centers. These organizations must develop mechanisms to coordinate with each

other to maximize resources and eliminate duplication of effort. The organizations critical to recovery include:

- Independent Living Centers
www.cfilc.org
- Regional Centers (developmental disabilities)
www.arcnet.org
- Deaf/Hard of Hearing
<http://cad1906.org>
- Blind/Low Vision
www.ccbnet.org
- Mental Health Needs
<http://www.mhac.org>
- Multiple Sclerosis Society
<http://www.nationalmssociety.org>
- County In-Home Supportive Services (IHSS)/Public Authority
www.capaihss.org
- Area Agencies on Aging
www.c4a.info
- Alzheimer's Association
www.alz.org
- Department of Rehabilitation
www.dor.ca.gov
- Department of Developmental Services
www.dds.ca.gov
- Department of Mental Health
www.dmh.ca.gov
- Department of Aging
www.aging.ca.gov

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People with access and functional needs may have diverse needs in recovery, depending on the nature and impact of the disaster.

Following are possible recovery needs:

- Short & Long-Term Housing (Accessible)
- Communication
- Replacement of Durable Medical Equipment & Assistive Technology
- Personal Assistance Services
- Transportation
- Financial Assistance

Recognizing that not all individuals go to Local Assistance Centers and Disaster Recovery Centers, descriptions of services should be disseminated using multiple communication arteries (radio, TV, internet, fact sheets, posters, etc.). It is required that all materials and forms be available in alternate formats that should include:

- Large print (no less than 14-point)
- Braille
- CD
- Electronic
- Audio

There should be consideration to making recovery services mobile by going to places of residents and community based organizations.

When applications need to be completed on-site, procedures should be in place to provide assistance to individuals with access and functional needs. The type of assistance could include the reading of materials and filling out forms.

Local Assistance Centers and Disaster Recovery Centers must be accessible as required under the Americans with Disabilities Act Architectural Guidelines (ADAAG) <http://www.access-board.gov/adaag/html/adaag.htm> and California Government Code, Title 24 (California Building Standards Code) http://www.bsc.ca.gov/title_24/t24_2007tried.htm#part2, and should be near public transportation (i.e. fixed-route bus, light rail).

Appendix A – Gap Analysis Checklist

PREPARE/PREVENT (Planning)	No	Partial	Yes
Likely evacuation events identified and analyzed.			
Evacuation assets identified and inventoried.			
Concentrations of people with access and functional needs identified and mapped.			
Agencies serving people with access and functional needs identified, contact information current.			
Current database(s) exist that could be used during evacuation alert notification.			
Thresholds and protocol for evacuation orders clearly defined.			
Time estimates exist for executing moderate- and large-scale evacuation.			
System established to mission task evacuation (transit) resources.			
Timetable for mobilization of transportation resources once tasked.			
Protocol for how to prioritize resources when demand exceeds availability.			
Evacuation emergency operation plans (EOP) account for needs of people with access and functional needs.			
Evacuation EOPs created w/input from people with access and functional needs.			
County board of supervisors evacuation responsibilities clearly defined.			
County executive evacuation responsibilities clearly defined.			
County office of emergency services responsibilities clearly defined.			
County sheriff evacuation responsibilities clearly defined.			
County airport evacuation responsibilities clearly defined.			
County animal care and regulation evacuation responsibilities clearly defined.			
County fire services evacuation responsibilities clearly defined.			
County health and human services evacuation responsibilities clearly defined.			
County public information officer evacuation responsibilities clearly defined.			
County public works evacuation responsibilities clearly defined.			
County social services evacuation responsibilities clearly defined.			
Local air quality agency evacuation responsibilities clearly defined.			
Local paratransit agency evacuation responsibilities clearly defined.			
Local transit agency evacuation responsibilities clearly defined.			
Local water resources agency evacuation responsibilities clearly defined.			
Non-governmental organizations evacuation responsibilities clearly defined			
Faith-based organizations evacuation responsibilities clearly defined.			
Responsibility assigned for evacuation of disabled from schools.			
Responsibility assigned for evacuation of medical facilities.			

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Responsibility assigned for evacuation of elderly from congregate housing.			
Responsibility assigned for evacuation of incarceration facilities.			
EOPs for cities, county and care facilities compared in order to identify overlaps.			
Plan for service animals in transit equipment.			
Plan for comfort animals (pets) in transit equipment.			
Plan for mobility devices and durable medical devices on transit equipment.			

PREPARE/PREVENT (Training)	No	Partial	Yes
Evacuation EOPs coordinated with transit.			
Evacuation EOPs coordinated with paratransit.			
Evacuation EOPs coordinated with school transit.			
Evacuation EOPs coordinated with taxi, shuttle, private bus.			
Evacuation EOPs coordinated with elderly/disabled service providers.			
Evacuation EOPs coordinated with 211.			
Essential staff trained on evacuation plan.			
Transportation personnel have basic ICS/NIMS/SEMS training.			
Family emergency planning complete for essential transportation staff.			
Back-up drivers identified and trained on lift equipment and securement of mobility devices.			
Outreach programs educate people with access and functional needs about personal evacuation planning.			

PREPARE/PREVENT (Exercises)	No	Partial	Yes
Tabletop emergency evacuation exercises have been conducted.			
Functional evacuation exercises have been conducted.			
Full-scale evacuation exercises have been conducted.			
Evacuation exercises include participants with access and functional needs.			
Transit, paratransit, schools and other transportation agencies participate.			

PREPARE/PREVENT (Transportation Assembly Points)	No	Partial	Yes
Transportation resources know location of staging areas and reception centers.			
Transportation assembly points have been identified.			
Traffic plan established for transportation assembly points.			
Staff has been designated for transportation assembly points.			

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Plan for transportation information at transportation assembly points.			
Plan for individuals unable to reach transportation assembly points.			

PREPARE/PREVENT (Reception Centers/Shelters)	No	Partial	Yes
Reception centers and shelter sites pre-designated.			
Plan for transportation needs of reception centers/shelters.			
Plan for transportation information at reception centers/shelters.			
Evacuation procedures practiced at least annually.			

PREPARE/PREVENT (Evacuation Routes)	No	Partial	Yes
Clearly defined evacuation routes/alternate evacuation routes.			
Staff trained on evacuation routes/alternate routes.			
Traffic control points (TCPs) established.			
TCP system gives priority to evacuation (transit) resources.			
Evacuation protocols practiced at least annually.			

PREPARE/PREVENT (Evacuee Tracking and Recording Procedures)	No	Partial	Yes
System identifying persons needing transport assistance.			
System for documenting evacuees.			
System for tracking evacuees.			
Tracking and recording procedures practiced at least annually.			

PREPARE/PREVENT (Cost Tracking and Reporting Procedures)	No	Partial	Yes
Identified system for how to track hours/costs @ Mutual Aid.			
Emergency cost tracking procedures practiced at least annually.			

PREPARE/PREVENT (MOUs/MOAs)	No	Partial	Yes
Written agreements with transportation agencies within jurisdiction.			
Written agreements with transportation agencies in neighboring jurisdictions.			
Written agreements with other partner agencies within jurisdiction.			
Written agreements with local and out of state video remote interpreting			

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services.			
Contingency contracts for sign language interpreter.			
Contingency contracts exist with private sector transportation companies.			
Memoranda of Understanding (MOUs) identify who is in charge of activated transit resources.			
MOUs identify when and how resources will be released.			
MOUs are reviewed/updated annually.			

PREPARE/PREVENT (Communication Technologies)	No	Partial	Yes
Interoperable channels of communication established.			
Communication plan established for power loss events.			
Communication strategies are 508 compliant.			
Communication technologies tested at least annually.			

PREPARE/PREVENT (Continuity of Operations)	No	Partial	Yes
Alternative transit/paratransit operational facilities identified.			
Alternative power supply identified for transit/paratransit.			
Alternative fuel supply identified for transit resources.			
Alternative driving and maintenance staff identified and trained.			

PREPARE/PREVENT (Re-entry)	No	Partial	Yes
Trigger point established for when to return evacuees.			
Transport plan for individuals unable to get home from transportation assembly points.			

PREPARE/PREVENT (Demobilization)	No	Partial	Yes
Trigger points established for when to demobilize transit resources.			
Procedure established to check-out emergency evacuation resources.			
Procedure established to debrief demobilizing personnel.			
Procedure established to debrief evacuees.			
Demobilization procedures reviewed at least annually.			

After Action Analysis and Reporting	No	Partial	Yes
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Process for after action assessment.			
Process for after action reporting.			
Process to implement after action changes.			
Plan to announce changes.			
Plan to train staff on after action changes.			

Final Assessment

5 Things Easily Fixed

1.

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Top Priorities for the coming year

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